



## TOWN OF GROTON

173 Main Street  
Groton, Massachusetts 01450-1237  
Tel: (978) 448-1111  
Fax: (978) 448-1115

## SELECT BOARD

Matthew F. Pisani, *Chair*  
Rebecca H. Pine, *Vice Chair*  
Alison S. Manugian, *Clerk*  
John F. Reilly, *Member*  
Peter S. Cunningham, *Member*

**Town Manager**  
Mark W. Haddad

### SPECIAL ONE DAY LIQUOR LICENSE APPLICATION

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Contact Information: \_\_\_\_\_ / \_\_\_\_\_  
Telephone # E-Mail Address

Organization Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

The Applicant is: { } Non-profit Organization or { } For Profit Organization

Date of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

License For: { } All Alcoholic Beverages - Issued only to a non-profit organization  
{ } Wine and Malt Beverages Only

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A completed application, along with a copy of the Applicants Certificate of Insurance naming the Town of Groton as additionally insured, should be submitted to the Select Board Office along with payment in the form of a check in the amount of \$50.00 for All Alcohol License or \$40.00 for Wine and Malt Beverages Only made payable to the Town of Groton. The Groton Select Board's approval is required at a public meeting of the Select Board.

Please submit the application, certificate of insurance and payment at least 3 weeks in advance of the event for which the license is being applied.